

# BRIGHAM CITY RECREATION REGISTRATION FORM FOR

**Address/City:** \_\_\_\_\_

☐ Girl ☐ Boy 2007-08 Grade

\*\*\*\*Make Checks Payable to BCC\*\*\*\*

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I authorize my child to participate in Volleyball. I understand Volleyball contains certain dangers and inherent risks, particularly if my child fails to follow written warnings or verbal instructions or engages in activities beyond his or her abilities. I will specifically look for and instruct my child on these dangers and warning signs. Knowing these risks, I believe that the benefits of my child's participation in Volleyball outweigh any risk associated with this activity. Individually, and on behalf of my child, I agree to release Brigham City Corporation and its agents and employees from all claims arising from known, reasonable and/or inherent risks associated with my child's participation. I further understand that it is my responsibility to keep my child from participating in any activity beyond his or her abilities.

DATE: \_\_\_\_\_

[illegible]

Coaching	Assistant Coaching
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[illegible]

**REFUNDS:**

\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS  
75% REFUND IF REQUEST FOR REFUND IS MADE AFTER 1<sup>ST</sup> WEEK OF PROGRAM  
50% REFUND IF REQUEST FOR REFUND IS MADE AFTER 2<sup>ND</sup> WEEK OF PROGRAM  
0% REFUND IF REQUEST FOR REFUND IS MADE AFTER 3<sup>RD</sup> WEEK OF PROGRAM